National Development Council

69. SHRIMATI SHOBHANA BHARTIA:
SHRIMATI SUPRIYA SULE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Prime Minister has asked the State Governments to pay adequate attention to healthcare and ensure efficient functioning of public health service and convened a special meeting of the National Development Council to discuss health care, disease control and public health issues;

(b) whether in a review meeting on the National Rural Health Mission greater investment in medical education including nursing, especially in States where there is an acute shortage of seats in nursing and medicine were emphasized: and

(c) if so. what concrete measures Government have taken to implement the suggestion in NDC?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) During the review of the National Rural Health Mission by the Prime Minister, the possibility of convening a meeting of the National Development Council/ Central Council for Health and Family Welfare to discuss healthcare and disease control was discussed.

(b) In a review meeting on the National Rural Health Mission chaired by the Prime Minister reform of regulatory agencies required for meeting human resource gaps in the sector was stated.

(c) Does not arise in view of (a) above.

Inequality in health spending of urban and rural areas

†70. SHRI SURENDRA LATH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that out of the total money being spent on public health services, more than sixty per cent goes to urban and elite section of the society while more than 70 per cent of the population of the country lives in rural areas even today:

(b) if so, the steps Government are taking to stop this inequality;

(c) the total number of doctors out of the registered doctors in India, working in rural areas: and

(d) whether Government are formulating any scheme to increase the number of these doctors?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Health is a State subject and expenditure on public health is a function of the disease burden status and the health needs of the population. As such it is not possible for categorizing health

†Original notice of the question was received in Hindi

expenditure specifically in terms of expenditure being incurred in urban and rural areas. However, according to National Sample Survey 60th Round, public facilities for out patient care have been accessed by 22.3% in the rural areas and 19.2% in the urban areas while in respect of in-patient care, 41.7% have accessed public facilities in the rural areas and 38.2% in the urban areas.

To improve access to facilities particularly in rural areas where majority of the population reside, the National Rural Health Mission was launched in April, 2005 to effect an architectural correction in the public- healthcare delivery system.

(c) and (d) As per National Health Profile 2006. approximately 35% of the registered allopathic doctors are in the rural areas.

Under the National Rural Health Mission, several initiatives are being taken to strengthen health manpower including doctors in the rural areas.

Deaths due to consumption of spurious drugs

† 71. SHRI JANARDHANA POOJARY:
SHRI MOTI LAL VORA: SHRI
SATYAVRAT CHATURVEDI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is continuous growth in the business spurious drugs which is resulting in death of several patients:

(b) if so, the effective steps taken by Government to check it and the results thereof;

(c) whether it is also a fact that Government officers are also involved in this business of spurious drugs being operated in the country; and

(d) if so, the action taken by the Government to check the same?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No, Sir.

As per information available from State Drugs Control Organizations 0.288%, 0.292% and 0.267% of samples were reported to be spurious during the year 2003-04. 2004-05 and 2005-06 respectively.

Manufacture and sale of spurious drugs is primarily a clandestine activity. To this extent, it is difficult to detect the manufacture or movement of spurious drugs. Any effective action against this activity would require continuous surveillance by the regulators and active co-operation from the law and order enforcement machinery in the States.

The Ministry has not so far received any information regarding death of patients due to spurious drugs.

The steps taken by the Government to check the menace of spurious drugs is given in the Statement *{See* below).

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